

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027241

FILED VS AUG 1/5 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3963 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City				Length of stay in 1b 63 yrs		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.C. Convalescent Home				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 112 West 34th Stb Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Blanche Middle L. Last Yount				4. DATE OF DEATH Month 7 Day 29 Year 1960			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-31-1888	
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Slater, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME James N. Draper				13b. MOTHER'S MAIDEN NAME Mary Comer		14. NAME OF HUSBAND OR WIFE Raymond Yount	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None				16. SOCIAL SECURITY NO. None		17. INFORMANT Raymond R. Yount Address 7316 Maple OverLa	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH 1 year 6 years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE							
21. I attended the deceased from 1-1-59 to 7-29-60 and last saw her/him alive on 7-29-60 Death occurred at 10:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank Paul Laurence				22b. ADDRESS 428 S. White Ave		22c. DATE SIGNED 7-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-1-1960		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		ADDRESS 20 W. Linwood		25. DATE RECD. BY LOCAL REG. 8-1-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer, M.D.	

DOCUMENT

CERTIFICATION

BY AFFIDAVIT OF

Frank Paul Laurence

Be 1-3319
404-6068

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 503

P. O. Address K. C. W.

Note: The above MUST BE SIGNED BY "THE LICENSED EMBALMER" in his OWN HANDWRITING. (Failure to sign with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.